



Iowa Department of Human Services

Terry E. Branstad
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Director

INFORMATIONAL LETTER NO.1184

DATE: October 22, 2012

TO: Iowa Medicaid Medical Equipment-Supply and Pharmacy Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Fee Schedule Change for Reusable Underpads (T4537 & T4540)

EFFECTIVE: November 1, 2012

A review of the fee schedule amounts for chair size and bed size reusable incontinence underpads revealed an unreasonable disparity between the Medicaid allowable amount and the cost for these products. For dates of service on or after November 1, 2012, the fee schedule amounts have been adjusted to \$14.00 each for the bed size, T4537 and \$7.00 each for the chair size, T4540.

Per Informational Letter No.805, dated May 28, 2009, a maximum of 48 underpads of either chair size or bed size, or a maximum of 48 chair size and bed size combined continues to be allowed every twelve months. As noted in Informational Letter No.1077, dated December 8, 2011, additional quantities may be allowed when the "GD" modifier is used and documentation of the medical necessity is submitted with the claim.

The IME appreciates your partnership as we work to improve claim processing. If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.